## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10717916

| CLAIMS AS FILED - PART I  |  |   |                                      |                               |                                       |                  | SMALL ENTITY |                    |                        |                  | OTHER THAN          |                        |
|---|--|---|--------------------------------------|-------------------------------|---------------------------------------|------------------|--------------|--------------------|------------------------|------------------|---------------------|------------------------|
|   |  |   | (Column 1)                           |                               | (Column 2)                            |                  | T            | TYPE               |                        | OR               | SMALL               | ENTITY                 |
| TOTAL CLAIMS  |  |   | 14                                   |                               |                                       |                  |              | RATE               | FEE                    |                  | RATE                | FEE                    |
| FOR   |  |   | NUMBER FILED                         |                               | NUMBE                                 | ER EXTRA         | В            | ASIC FEE           | 385.00                 | OR               | BASIC FEE           | 770.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | minus 20=                            |                               | *                                     |                  |              | X\$ 9=             |                        | OR               | X\$18=              |                        |
| INDEPENDENT CLAIMS  |  |   | <b>L</b> mir                         | nus 3 =                       | *                                     | *                |              | X43=               |                        | OR               | X86=                |                        |
| ΜU  | LTIPLE DEPEN   | DENT CLAIM PF                                   | RESENT                               |                               |                                       |                  |              | +145=              |                        | OR               | +290=               |                        |
| *  f  | the difference   | in column 1 is l                                | ess than zero, enter "0" in column 2 |                               |                                       | <u> </u>         | TOTAL        |                    | OR                     | TOTAL            | 770                 |                        |
|   | , C  | LAIMS AS A<br>(Column 1)                        | (Colur                               | (Column 2) (Column 3)         |                                       |                  | SMALL E      | ENTITY             | OR                     | OTHER<br>SMALL I |                     |                        |
| AMENDMENT A   | ·  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       |                                      | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                          | PRESENT<br>EXTRA | ,            | RATE               | ADDI-<br>TIONAL<br>FEE |                  | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                | **                            |                                       | =                |              | XS 9=              |                        | OR               | X\$18=              |                        |
|   | Independent  | *   | Minus                                | ***                           | T CL AINA                             | =                |              | X43=               |                        | OR               | X86=                |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT C   |   |                                      |                               | CLAIM                                 | <u> </u>         |              | +145=              |                        | OR               | +290=               |                        |
|   |  |   |                                      |                               |                                       |                  |              | TOTAL<br>DDIT. FEE | ,                      | OR               | TOTAL<br>ADDIT. FEE |                        |
|   |  |   |                                      |                               |                                       |                  |              |                    |                        |                  |                     |                        |
| AMENDMENT B   |  | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT |                                      | HIGH<br>NUM<br>PREVI          | mn 2)<br>HEST<br>IBER<br>OUSLY<br>FOR | PRESENT EXTRA    |              | RATE               | ADDI-<br>TIONAL<br>FEE |                  | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                | **                            | •                                     | =                |              | XS 9=              |                        | OR               | X\$18=              |                        |
|   | Independent  | *   | Minus                                | ***                           |                                       | =                |              | X43=               |                        | OR               | X86=                |                        |
| L_  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                                      |                               |                                       |                  |              | -145=              |                        | OR               | +290=               |                        |
|   | en de la companya de<br>La companya de la co |   |                                      |                               |                                       |                  |              | FOTAL              |                        |                  | TOTAL<br>ADDIT, FEE | •                      |
| (Column 1) (Column 2) (Column 3)  |  |   |                                      |                               |                                       |                  |              |                    |                        |                  |                     |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       |                                      | nIGr<br>NUM<br>PREVI          | HEST<br>MBER<br>OUSLY<br>FOR          | PRESENT<br>EXTRA |              | PATE               | ADDI-<br>TIONAL<br>FEE |                  | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  |   | Minus                                | **                            | 15. s                                 | =                |              | X3 9=              |                        | OR               | X\$18=              |                        |
|   | Independent  | *   | Minus                                | ***                           |                                       | = .              | ]            | X43=               |                        | OR               | X86=                |                        |
| _   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                                      |                               |                                       |                  | <b>」</b> ├   |                    |                        | Un               |                     | <del> </del>           |
| A Mathematical and the following the second |  |   |                                      |                               |                                       |                  |              | +145=              |                        | OR               | +290=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3 enter "3."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3 enter "3."  |  |   |                                      |                               |                                       |                  |              |                    |                        |                  |                     |                        |
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